

Division of Motor Vehicles  
 Attn: Defensive Driving  
 PO Box 698  
 Dover, Delaware 19903



Facsimile (302) 661-7279  
 DMV-  
 DefensiveDriving@delaware.gov

## DEFENSIVE DRIVING COMPLAINT FORM

(Pursuant to 2 DE Admin. Code Reg. 2224, Section 7.0)

**Complainant/Filer Information:**

PLEASE PRINT OR TYPE				
NAME:	(Last)	(First)	(MI)	
ADDRESS:	(Street)	(City)	(State)	(Zip)
Daytime Phone #: (      )		Fax #: (      )		
E-mail Address:				
<p>Before you file a Complaint with the Delaware Division of Motor Vehicles, you should first contact the Course Provider in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Defensive Driving Complaint Form may be submitted by fax, mail, or e-mail.</p>				
(Course Provider)		(Name of Person You Spoke to)		
Date of Alleged Infraction:				
Facts of Complaint (If more space is needed please attached additional sheets to the Complaint):				
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<p><b>I AUTHORIZE THE COURSE PROVIDER TO FURNISH TO THE DELAWARE DIVISION OF MOTOR VEHICLES ANY INFORMATION RELATED TO THIS MATTER. I AM ENCLOSING COPIES OF ANY CORRESPONDENCE OR OTHER PAPERS RELATING TO THIS MATTER WHICH I FEEL WOULD HELP WITH THE INVESTIGATION. I UNDERSTAND THAT A COPY OF THIS FORM AND ANY/OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE COURSE PROVIDER.</b></p>				
<i>THIS FORM MUST BE SIGNED AND DATED.</i>				
<b>Signature</b>			<b>Date</b>	
_____			_____	
<b><u>DMV USE ONLY:</u></b>				
Staff Assigned: _____		Date Received: _____		15 Days: _____
Docket #: _____		Date Sent to Provider: _____		20 Days: _____
Course Provider's Address: _____				
_____				

**FAX OR EMAIL TO: 302-661-7279 or [DMV-DefensiveDriving@delaware.gov](mailto:DMV-DefensiveDriving@delaware.gov)**